

BUILDING DEPARTMENT OFFICE OF CODE ENFORCEMENT OFFICE OF THE FIRE INSPECTOR 2582 SOUTH AVENUE WAPPINGERS FALLS, NY 12590

PHONE: (845) 297-5277 FAX: (845) 296-0379 E-mail: bmurphy@wappingersfallsny.gov www.wappingersfallsny.gov

### **EXCAVATION PERMIT APPLICATION**

NOTE: APPLICATIONS FOR BUILDING PERMITS CANNOT BE REVIEWED UNTIL THE SUBMITTAL IS COMPLETE.(All items below must be submitted and fee paid)

### 1. PLANS

• The applicant shall file, in addition to this application, a comprehensive plan drwan to a scale of one (1) inch to one hundred (100) feet setting forth in detail the requirements of <u>Section 74-4 of the Code Book of the Village of Wappingers</u> Falls.

### 2. BUILDING PERMIT APPLICATION

- Application must be fully completed
- If contractor is applicant, the contractor **MUST** provide consent from the homeowner authorizing him to file for Building Permit. (Complete **Consent Form** on Page 4)
  - **Proof of Insurance** The applicant shall file with the village a Certificate of insurance indicating that the village has been named as primary insured under an insurance policy in the amounts of three hundred thousand/five hundred thousand dollars (\$300,000.00/500,000.00) for bodily injury and fifty thousand dollars (\$50,000.00) for property damage.
  - **Workers' Compensation** Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.

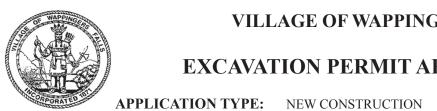
\*Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord Forms) or Affidavit in lieu thereof -- signed and stamped by Workers Compensation Board.

Accepted Forms: - U26.3 - Certificate of Workers' Compensation Ins (NYS Insurance Fund only)

- C105.2 (9/07) Certificate of Workers' Compensation Insurance
- GSI 105.2 (2/02) Certificate of Participation in Workers' Compensation

### **3. DEPARTMENT APPROVALS**: Required **BEFORE** a review of the project by the Building Department.

- Dig Safety New York, if you plan to dig or do any type of excavation work, New York State Law requires you call Dig Safety New York prior doing so ...... 811
  - Highway Department 845-297-9758
  - Planning & Zoning Department/Engineering 845-297-5277



EXCAVATION PERMIT #\_\_\_\_\_

RESIDENTIAL COMMERCIAL

### **EXCAVATION PERMIT APPLICATION**

	RENOVATION/ALTERATION	MULTIPLE DWELLING
APPLICANT:		
	PHO	
OWNER:		
	PH0	
BUILDER:		
	РНО	
DESIGN PROFESSIONAL NAME:		
	PHO	
BUILDING SITE LOCATION :		
TAX GRID NUMBER :		
ZONING DISTRICT :		
ACRES: REA SET BACKS: FRONT: REA REQUIRED SUBMITTALS:  ] Construction Drawings  [] Consent Form from Homeowner [] 811 Dig Safe New York	2 3	
Officer to enter premises for purposes of	ereby given for the Building Inspector/Zor of inspections prior to the issuance of the C rmit. All applications MUST be completed	Certificate of Occupancy.
Signature of Owner/Contractor/Agent		Date Signed
	Zoning Dept. Use:	
[ ] FEE:Date Paid	l: Receipt #:	Cash /Check #:
		Date
Code Enforcement Officer App	provai	Date

### **EXCAVATION PERMIT APPLICATION**

#### IMPORTANT NOTICES: READ & SIGN

The applicant shall file, in addition to this application, a comprehensive plan drawn to a scale of one (1) inch to one hundred (100) feet setting forth in detail the requirements of <u>Section 74-4 of the Code Book of the Village of Wappingers Falls.</u>

The applicant hereby agrees to hold the Village harmless on account of damages of any kind which may arise during the progress of the work authorized by this permit.

The applicant certifies all persons concerned with actual work under this permit are duly covered by Worker's Compesation Insurance and the Village shall be harmless on account thereof.

Work under this permit shall commence within thirty (30) days of the date of the permit and be continued in an expeditious manner.

The applicant, for himself, his distributees and personal representatives, covenants and agress to defend any action or judgement recovered therein brought or found against the village of Wappingers Falls for negligence arising out of any claim for damage or injuries to others, that the work and construction was defective, impropertly protected or completed and to pay any judgement recovered on account of said claim.

The village shall have the right to select counsel to represent it for the defense of any claim, suit or action arising hereunder, all fees and disbursement for the same to be paid by the applicant herein.

The applicant shall file with the village a Certificate of insurance indicating that the village has been named as primary insured under an insurance policy in the amounts of three hundred thousand/five hundred thousand dollars (\$300,000.00/500,000.00) for bodily injury and fifty thousand dollars (\$50,000.00) for property damage.

The applicant shall be responsible for all damages caused to public utilities and shall replace any cracked or damage sewer pipe or water mains with new pipe.

The applicant shall take every reasonable precaution to properly warn all persons of any danger during the course of the work.

OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDE, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).

The permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.

In consideration of being granted this permit, the undersigned applicant accepts it subject to the conditions described.

I,	, the above-named applicant, hereby attest that I am the lawful
(Please Print Your Name)	
owner of the property described within or am the of perjury that all statements made by me on this	he lawful Contractor /Agent of said owner and affirm under the penalty is applications are true.
Signature of Owner/Contractor/Agent	



## **CONSENT FORM**

Name of property owner.		
Address of property owner:		
City:	State:	Zip:
Phone number of property or	wner: (Include home, work, mobile n	umber and e-mail address):
(H)	(C)	
(W)	(E-mail)	
Address of site where work is	s being conducted:	
Nama of narsan daing works		
-		
Address of person doing work:  City:  Phone number of person doing  (H)	: State: ng work (Include home, work, mobile (C) (E-mail)	Zip:e numbers and e-mail addr
	e above mentioned property, am awa	
, , ,	consent to the aforementioned person	
Signature of Property Own	er	Date Signed